

**Tennessee Mental Health Planning Council  
Older Adult Committee  
Report On:**

**Mental  
Health  
Issues and  
Needs of  
Older Adults**



*October 2000*

**Tennessee Department of Mental Health and Developmental Disabilities**

# Executive Summary

The older adult population is increasing in numbers and will continue to grow at an ever-increasing rate. **In 1997, 1 in 8 Americans were age 65 or over. Between 2010-2030, it is estimated to reach 1 in 5.**

**A range of mental health issues face older adults.** Although most older adults do not have a mental disorder/illness and cope well with the changes associated with aging, a large number of seniors have serious mental health needs that have major effects on the person and his/her family and the community at large. The Surgeon General's Report estimates that **20% of persons age 55 and older experience specific mental disorders that are not part of "normal" aging.** The National Association of State Mental Health Program Director's (NASMHPD's) Presidential Task Force of Mental Health and Aging notes that **the elderly remain the most under-served and inappropriately served population in mental health services.**

**Stigma** often prevents this generation of older adults from admitting to any mental health concern. Older adults do not typically access mental health services through mental health professionals. Access is most often gained through the door of a primary care physician.

Unrecognized or untreated mental health conditions can be severely impairing for this population. **Negative consequences and risks related to untreated mental disorders of older adults include** increased functional impairment, inappropriate usage of health care services, cognitive disability, risk of unnecessary institutionalization, increased individual and family despair, and suffering and longer and less complete recovery from medical illness. In the United States, **the rate of suicide is highest among older adults relative to all other age groups.**

It is critical to stress that **there are effective mental health interventions available for this population.** Quality mental health care can positively impact the lives of older adults by implementing **prevention, early assessment/diagnostic, intervention and treatment** strategies.

This report provides a comprehensive review of **factors impacting mental health** issues and needs of older adults. Relevant factors include:

- Demographics
- Physical and Mental Health Need and Issues
- Payment Systems
- Service Systems for Older Adults

Lastly, the report:

Summarizes **findings**;

Identifies **strengths and opportunities** within Tennessee; and

Offers **recommendations** to the Tennessee Department of Mental Health and Developmental Disabilities regarding the mental health system for older adults.

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**Note:**      ***Additional resource information is available upon request. Contact the Division of Mental Health Services at (615) 532-6767***



# I. Introduction

**T**he older adult population is increasing in numbers and will continue to grow at an ever-increasing rate. In 1997, 1 in 8 Americans were age 65 or over. Between 2010-2030, it is estimated to reach 1 in 5. In addition, the racial and ethnic diversity will become greater within the older adult population as the population continues to grow.

**A range of mental health issues face older adults.** Although most older adults do not have a mental disorder/illness and cope well with the changes associated with aging, a large number of seniors have serious mental health needs that have major effects on the person and his/her family and the community at large. It is important to note that not just mental health disorders but also normal life crises such as widowhood, negative impacts of retirement, and diminished sensory capacity, have an impact on mental wellness. For everyone, growing older requires adaptation in the face of changing personal circumstances, which creates a role for education, prevention, and early intervention, as well as mental health treatment.<sup>1</sup>

The Surgeon General's Report on mental health (1999) estimates that **20% of persons age 55 and older experience specific mental disorders that are not part of "normal" aging.** Unrecognized or untreated mental health conditions can be severely impairing for this population. **Negative consequences and risks related to untreated mental disorders of older adults include** increased functional impairment, inappropriate usage of health care services, cognitive disability, risk of unnecessary institutionalization, increased individual and family despair and suffering, and longer and less complete recovery from medical illness. In the United States, **the rate of suicide is highest among older adults relative to all other age groups.**<sup>2</sup>

The National Association of State Mental Health Program Directors' (NASMHPD's) Presidential Task Force of Mental Health and Aging notes that **the elderly remain the most under-served and inappropriately served population in mental health services.** Although adults 60 years of age and older constitute 13% of the U.S. population, their use of inpatient and outpatient mental health services falls below expectations:

- Older adults account for only 7% of all inpatient psychiatric services, 6% of community mental health services and 9% of private psychiatric care; and
- Less than 3% of all Medicare reimbursement is for the psychiatric treatment of older adults.<sup>3</sup>

**Stigma** often prevents this generation of older adults from admitting to any mental health concern. Older adults do not typically access mental health services through mental health professionals. Access is most often gained through the door of a primary care physician.

It is critical to stress that **there are effective mental health interventions available for this population.** Quality mental health care can positively impact the lives of older adults by implementing **prevention, early assessment/diagnostic and intervention** strategies.

## **Purpose of this Report**

The Older Adult Committee is a committee of the Tennessee Mental Health Planning Council, charged with identifying the mental health needs of older adults. This report is intended as a first step in describing the population and globally defining the mental health needs of older Tennesseans. This report provides a brief overview of facts and topics that impact the health and mental health status of older adults. Specific goals are:

1. To provide a brief review of several key factors that impact the health status of older adults; and
2. To make recommendations to the Tennessee Department of Mental Health and Developmental Disabilities regarding the mental health needs of older Tennesseans.

**The elderly and their caregivers remain the most underserved and inappropriately served population in mental health services.**

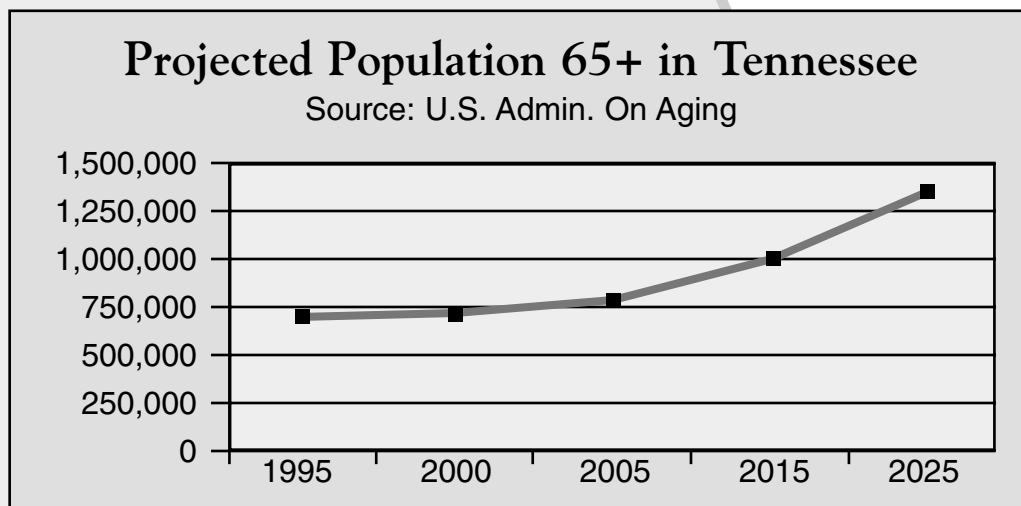
## II. Demographics

**I**n developing an understanding of the mental health needs of the older adult population it is important to understand the demographics and demographic trends of this population group. The following factors will be considered:

1. Population Size and Projected Growth of the Population (nationally & Tennessee);
2. Income Level (nationally & Tennessee);
3. Gender (Tennessee);
4. Race (Tennessee);
5. Housing Status (Tennessee); and
6. Geographic Location of the Population (Tennessee).

### Facts and Figures

- **Percentage of Population.** In 1996, twelve percent (12%) of the U.S. population was 65 years of age and over. Tennessee mirrors the nation; in 1990, twelve percent (12%) of the state's population was age 65 and older.
- **Population Growth.** It is estimated that in 2030, 20% of Americans will be age 65 years of age and older.<sup>4</sup> Population growth in Tennessee for persons age 65 and older is projected in the following graph.



- **Income.** Although differences in health status and health care utilization by socioeconomic status exist, they are generally smaller for older persons when compared with younger persons. Most surveys have only income-based measures of socioeconomic status and do not capture the accumulated wealth and assets on which many older people rely. Yet, it is important to note that lower income persons have poorer health status and low income is a risk factor for depression in older adults. In 1994-96, Tennessee had the 4th highest rate of poverty in the nation for persons ages 65 and older.

The older adult population is increasing in numbers and will continue to grow at an ever-increasing rate

| For Persons 65 or older             | Nationally | Tennessee |
|-------------------------------------|------------|-----------|
| Below the poverty line (1989)       | 14.8%      | 21%       |
| Less than 135% of poverty (1995-97) | 21%        | 30%       |
| SSI (1996)                          | 4.6%       | %         |

| For Persons 65 or older      | Men | Women |
|------------------------------|-----|-------|
| National poverty rate (1997) | 7%  | 13%   |

- **Gender.** In 1990 in Tennessee, 61% of the 65-84 age group were women; 73% of the 85+ age group were women. Older women are more likely than older men to live in poverty, be widowed, live alone, and have chronic illnesses.
- **Race.** Very similar to the U.S., the majority of individuals age 55 and older in Tennessee are Caucasian (83%); the largest minority group is African American (16%). Minority populations are projected to represent 25% of the national elderly population in 2030, up from 15% in 1997.
- **Housing Status.** In 1990 in Tennessee, ninety-five percent (95%) of persons age 65 years and over were non-institutionalized (586,087). Five percent (5%) were institutionalized (32,781). In 1990 in Tennessee, twenty-nine percent (29%) of householders age 65 years and over lived alone.
- **Rural/Urban.** In Tennessee, thirty-nine percent (39%) of person's age 60 and older live in rural areas.<sup>5</sup>

| CSA | CSA Region       | 55-64  | 65-on  | 55-on   |
|-----|------------------|--------|--------|---------|
| 12  | Shelby           | 63,392 | 86,335 | 149,727 |
| 2   | East TN          | 54,523 | 75,992 | 130,515 |
| 5   | Mid-Cumberland   | 47,677 | 59,636 | 107,313 |
| 1   | First TN         | 43,185 | 61,006 | 104,191 |
| 9   | Davidson         | 42,107 | 59,229 | 101,336 |
| 11  | Knox             | 29,799 | 42,690 | 72,489  |
| 6   | South Central    | 27,795 | 41,931 | 69,726  |
| 10  | Hamilton         | 27,283 | 38,336 | 65,619  |
| 8   | Southwest TN     | 26,698 | 42,333 | 69,031  |
| 4   | Upper Cumberland | 25,195 | 38,046 | 63,241  |
| 3   | Southeast TN     | 23,785 | 32,862 | 56,647  |
| 7   | Northwest TN     | 23,150 | 40,422 | 63,572  |

## Summary of Demographics

***The numbers presented demonstrate that the current older adult population is of significant size and will continue to increase in number for much of the foreseeable future. The size of this population commands attention.***

Particular demographic factors and trends assist in developing an understanding of the characteristics of the population that potentially impact the health care needs of older adults, or are risk factors that contribute to poorer health status. Needs assessment, service planning, and service delivery must assure sensitivity to gender, ethnic/racial, income, and living situation factors and differences.

Important factors to note regarding these demographics and their impact on health care delivery include the following:

1. **Economic factors directly influence a person's ability to access health and mental health care.** A percentage of older adults, including particular sub-sets of the population, have limited access to services due to factors related to income. Issues of financing services for lower income individuals must be addressed.
2. **Women represent a large percentage of the older adult population. Services must be implemented that are sensitive to women's issues and their needs.** For example, factors which place woman at higher risk for poorer health status are:
  - higher rates of poverty;
  - more likely to be a caretaker for their spouse; and
  - more likely to live alone.
3. **Racial trends must be monitored and services developed accordingly.** Services and service providers must demonstrate cultural competence.
4. **Housing patterns suggest the following:**
  - most older adults live in non-institutional settings requiring community-based interventions and services;
  - individuals who live alone may be at higher risk due to isolation; and
  - the needs of caregivers must be given strong consideration due to the large number of older adults who live with family members.
5. **The geographic location of the population suggests areas for targeting services and also highlights the need for service designs that are flexible enough to address urban and rural variations.**

**An easily overlooked group of individuals who play a significant role in the lives of older persons are caregivers. The majority of caregivers are family members and are mainly women.**



# III. Payment Systems for Mental Health Care

**T**here are five (5) potential payor sources for mental health care for older adults:

1. Medicare;
2. Private insurance;
3. Medicaid (in Tennessee TennCare);
4. Self-pay; and
5. State and federal funded projects.

*Note: A percentage of older adults do have access to retiree health plans. A disturbing trend is that firms offering retiree health coverage have declined by 25% in the last four years.<sup>6</sup>*

*The type of payor source directly affects access to care. Older persons who have Medicare coverage only, or who have no health care coverage, are less likely to have a regular source of medical care than persons with Medicare supplemented by private or public insurance. In addition, elderly persons with Medicare only are more likely to delay care, or to go without medical care, than persons who have Medicare and private insurance.<sup>7</sup>*

A factor related to payor source is managed care. The introduction of managed care has directly affected service delivery and therefore, it is important to develop an understanding of how managed care impacts service utilization and health outcomes within this population.

## MEDICARE

Medicare, the nation's largest health insurance program, covers 39 million Americans and is administered by the Health Care Financing Administration (HCFA). Generally, a person is eligible for Medicare if they or their spouse worked for at least 10 years in Medicare-covered employment, are 65 years old, and a citizen or permanent resident of the United States.

◆ Medicare has two (2) parts:

- Part A: No premium required for most individuals 65 or older. Medicare Part A helps pay for necessary medical care and services furnished by Medicare-certified hospitals, skilled nursing facilities, home health agencies, and hospices.
- Part B: Optional and has a monthly premium in 1999 of \$45.50. Part B helps pay for medical expenses, such as doctor's services, outpatient hospital services (including emergency room visits), ambulance transportation, diagnostic tests, laboratory services, some preventive care like mammography and Pap smear screening, outpatient therapy services, durable medical equipment and supplies, and a variety of other health services. Part B also pays for home health care services for which Part A does not pay.

◆ Persons covered by Medicare are responsible for meeting deductibles and co-payments, depending upon services received. Medicare Part B pays 80 percent of approved charges for most covered services. A person is responsible for paying a \$100 deductible per calendar year and the remaining 20 percent of the Medicare approved charge. Individuals have to pay limited additional charges if the doctor who cares for them does not accept assignment (this means the doctor does not agree to accept the Medicare approved charge for services).

|  | Nationally | Tennessee            |
|--|------------|----------------------|
| Covered by Medicare, ages 65+                          | 97%        | <b>To be</b>         |
| Covered by Part A & Part B (1997)                      | 94%        | <b>completed at</b>  |
| Medicare only, non-institutionalized age 65+ (1994-96) | 16%        | <b>a later date.</b> |

## MEDICAID (TennCare)

Medicaid is a federal and state program designed for individuals with limited incomes and certain disabilities. Medicaid has programs that pay some or all of Medicare's premiums and may also pay Medicare deductibles and coinsurance for certain people who are entitled to Medicare and have low income. If a person has Part A, has limited income and has financial resources (e.g. bank accounts, stocks, bonds) of less than \$4000-individual (\$6000-couple), they may qualify for assistance through Medicaid.

|                                      | Nationally | Tennessee <sup>8</sup> |
|--------------------------------------|------------|------------------------|
| Covered by Medicaid, ages 65+ (1995) | 11%        | 7.7%                   |
| Medicare + Medicaid (1995-97)        | 28%        | 14%                    |

## PRIVATE INSURANCE (often called Medigap for older adults)

An individual may purchase a Medicare supplemental insurance (Medigap) policy. Medigap is private insurance that is designed to help pay Medicare cost-sharing amounts. There are 10 standard Medigap policies, and each offers a different combination of benefits. Medigap premiums vary widely throughout the nation and increase with age. Mental health benefits are often limited under this type of insurance.

|  | Nationally | Tennessee <sup>9</sup> |
|--|------------|------------------------|
| Medicare + private coverage, 65+ (1995-97) | 66%        | 66%                    |

## SELF PAY

The ability to self-pay for services is based upon current income and available resources. In determining ability to pay, consideration must be given to what other expenses an older adult has and the need many older adults have to assure some means to cover expenses related to long-term care needs.

## STATE/FEDERAL FUNDED SERVICES

Under the current environment, state and federal funds are very limited and when available, there are often competing populations.

## Summary of Payment Systems (as they relate to mental health care)

*The reimbursement system for older adults presents many challenges in terms of access to, and payment for, mental health services. There is a large disparity in Medicare and Medicaid reimbursement between psychiatric and medical care. For individuals without Medicaid (TennCare), mental health coverage is very limited and if available, mostly office based.*

1. Medicare is very limited as to what it reimburses related to mental health care:
  - covers 40-50% of actual costs;
  - mental health home care generally precluded;
  - Part A-lifetime psychiatric inpatient is 190 days;
  - Part B-mental health covered at 50% of approved costs; and
  - no coverage for pharmaceuticals.
2. Many older adults are not able to afford Medigap insurance. Like Medicare, private insurance often provides limited mental health benefits.
3. For older adults who live in community settings and are eligible for Medicaid (TennCare) assistance, there are more options for accessing mental health services. Potential barriers for this population include:
  - limited access to care based in home or non-office settings; and
  - limitations imposed by managed care.
4. Access to health insurance coverage varies by age and race. For example, the proportion of persons who have private health insurance supplementing their Medicare declines with age. African Americans and Hispanics are more likely to have Medicare only, or Medicare and Medicaid as their health care coverage.<sup>10</sup>
5. State funded projects are based upon availability of state and federal funds. The older adult population must compete with other populations for existing and new funds.
6. Most insurance offers benefits that are not flexible and can not easily be tailored to meet the needs of older adults (e.g., reimbursement for mental health services provided at home are difficult to access, services to support caregivers of older adults are not often available).
7. Managed care has had a direct impact on availability and access to services for the older adult population. Without data showing clear benefit, services for older adults are at risk to be marginalized.

The reimbursement system for mental health services for older adults presents many challenges in terms of access to, and payment for, mental health services.



# IV. Physical and Mental Health Needs and Issues

**D**ue to the nature of aging and the population, when discussing mental health needs, it is imperative to take a holistic approach to health and recognize both physical and mental health factors. Issues of physical health care and mental health care are particularly entwined for this population and require coordination and collaboration in order to improve mental health and health outcomes for older adults.

**There is a critical role for prevention and the need to assure activities to promote mental wellness.**

## PHYSICAL HEALTH ISSUES

An individual's physical health directly impacts that person's mental health; certain physical health conditions and medications have very strong links to a person's mental health condition.

- Chronic health conditions are prevalent among older persons (e.g., arthritis, hypertension, and respiratory illnesses). While all are not life threatening, they are a substantial burden on the health, economic and mental health status of individuals and directly impact a person's quality of life and level of independence. In 1995, 79% of non-institutionalized persons age 70+ had at least one chronic condition.<sup>11</sup>
- Leading causes of death for individuals 65+ are listed below. Individuals faced with these conditions are at increased risk for depression:
  - heart disease;
  - cancer;
  - stroke;
  - chronic pulmonary diseases; and
  - pneumonia and influenza.<sup>12</sup>
- Physical functioning and disability rates among the older population vary by age and sex. In 1995, approximately 1/3 of non-institutionalized persons ages 70 and older received help with daily activities from a caregiver.<sup>13</sup>
- Measures of nutritional status are crucial in determining health status of individuals but difficult to measure in national surveys. Risk factors of nutritional problems include poverty and economic uncertainties, limited income, living alone and eating alone, effect of certain medications, physical limitations, altered mental status, and the impact of sadness and depression on eating patterns. In a 1988-1994 study the Third National Health and Nutritional Examination Survey estimated the prevalence of food insufficiency to be 1.7% of all persons age 60 and over, and 5.9% among low-income persons in this age group.<sup>14</sup>
- Older adults often take a large number and variety of medications that can negatively impact upon mental health status if not monitored by a physician.

**There are effective mental health interventions available for older adults and their caregivers. Accurate assessment and diagnosis is paramount in assuring prompt identification and effective treatment. "TREATMENT WORKS!"**

## MENTAL HEALTH ISSUES/NEEDS

A range of mental health issues face older adults. Although most older adults do not have a mental disorder/illness and cope well with the changes associated with aging, a large number of seniors have serious mental health needs

that have major effects on the person and his/her family. Normal and predictable life crises such as widowhood, negative impacts of retirement, and diminished sensory capacity have an impact on mental wellness. Growing older requires adaptation in the face of changing personal circumstances, which creates a role for education, prevention, and early intervention, as well as mental health treatment.<sup>15</sup>

Although treatment selection for older adults must be based upon characteristics unique to older adults in order to be effective, “treatment works” for older adults. But it is critical to have strategies for accurate assessment and diagnosis of late-life mental disorders. Certain factors such as high comorbidity with other medical disorders, cognitive decline, and tendency to present with somatic complaints, complicate the ability to properly assess and diagnose older adults. Failure to detect individuals who truly have treatable mental disorders represents a serious public health problem.<sup>16</sup>

#### Estimate of 1-Year Prevalence Rates Age 55+<sup>17</sup>

|                             | National Prevalence (%) |
|-----------------------------|-------------------------|
| <b>Any Anxiety Disorder</b> | <b>11.4%</b>            |
| • Simple phobia             | 7.3                     |
| • Social phobia             | 1.0                     |
| • Agoraphobia               | 4.1                     |
| • Panic disorder            | 0.5                     |
| • Obsessive compulsive      | 1.5                     |
| <b>Any Mood Disorder</b>    | <b>4.4%</b>             |
| • Major depressive episode  | 3.8                     |
| • Unipolar major depression | 3.7                     |
| • Dysthymia                 | 1.6                     |
| • Bipolar I                 | 0.2                     |
| • Bipolar II                | 0.1                     |
| <b>Depressive symptoms</b>  | <b>8-20% (1)</b>        |
| <b>Schizophrenia</b>        | <b>0.6%</b>             |
| <b>Any disorder</b>         | <b>19.8%</b>            |
| <b>Alzheimer's</b>          | <b>8-15% (2)</b>        |

(1) For older adults being seen in primary care the prevalence is estimated to be 17-35%.

(2) Prevalence nearly doubles with every 5 years of age after age 60. Rates of prevalence increase greatly for residents of nursing homes.

**Older adults are not immune to the problems associated with the improper use of alcohol and drugs, including prescription drugs. Alcohol and substance misuse negatively impacts a person's mental status.**

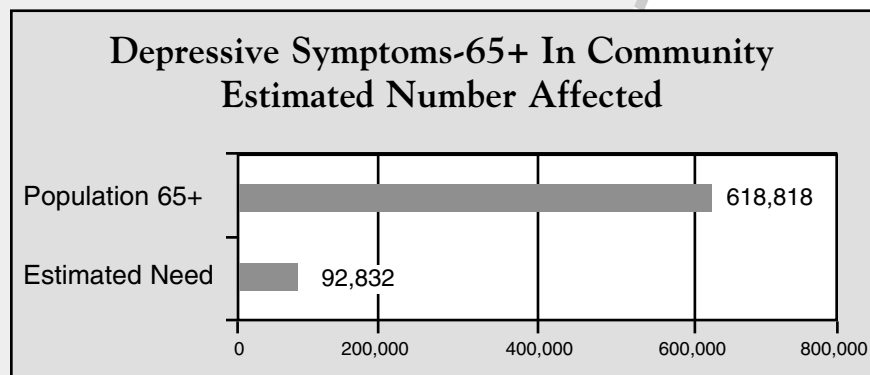
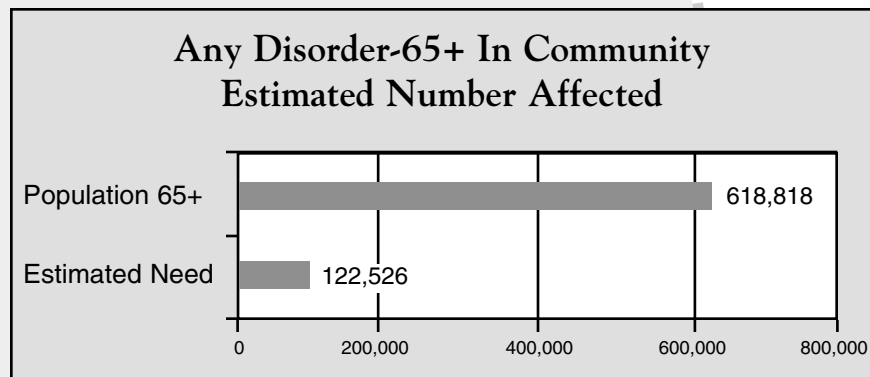
◆ **It is important to recognize the difficulties in providing mental health services to older adults:**

- Many older adults resist treatment for mental health issues due to stigma;
- A common perception that older adults, when compared to other age groups, are too old to benefit from services or the belief that already scarce resources should be directed to younger persons.
- Due to personal denial and resistance individuals will not often self refer;
- Inadequate training of professionals in non-mental health fields on mental health issues and in the mental health fields, limited knowledge of gerontology;
- Lack of specialized mental health services for older adults;
- Limited access due to transportation barriers;
- Lack of organized support from advocacy groups; and
- Assessment and diagnosis of late-life mental disorders are especially challenging by virtue of the distinctive characteristics of older adults (e.g., clinical presentation).

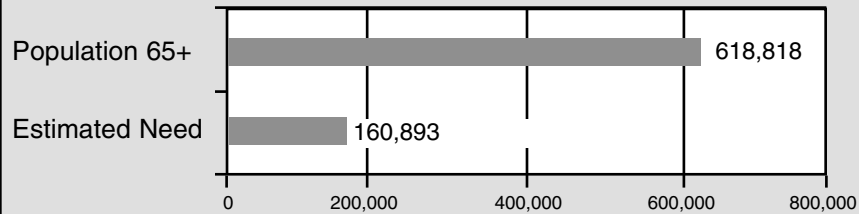
**A range of mental health issues face older adults.**

◆ **Tennessee: Estimated Need**

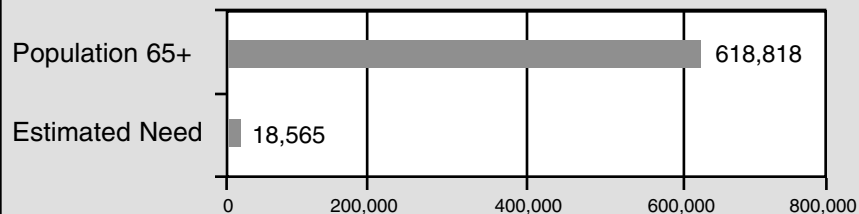
At this time there are not many reliable studies that quantify the mental health needs of older adults in Tennessee. Therefore an estimation of need is being presented. Estimated need is based upon national prevalence rates and 1990 census population; no adjustments have been made in consideration of factors particular to Tennessee and its population characteristics.



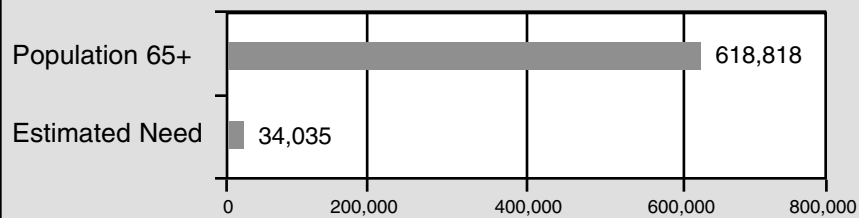
### Depressive Symptoms-65+ In Primary Care Estimated Number Affected



### Major Depression-65+ In Community Estimated Number Affected

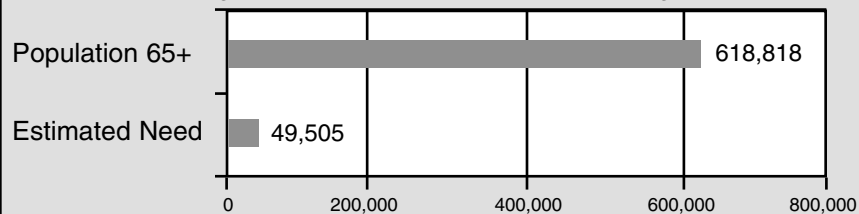


### Anxiety-65+ In Community Estimated Number Affected



### Alzheimer's Disease-65+ Estimated Number Affected

range is 8-15%, prevalence increases with age



## Summary of Physical and Mental Health Needs and Issues

*The mental health care needs of older adults are complex and impacted by a variety of factors. Individuals in later stages of life have biological characteristics distinct from younger populations. The field of aging can be considered a “specialty field” due to this. Older adults often have multiple problems, particularly comorbid medical and mental disorders. Understanding these issues is a central task in preventing, assessing, and treating mental health disorders in older adults.*

*Research shows that older adults generally respond well to mental health treatment. However, according to research conducted by the National Technical Assistance Center for State Mental Health Planning, **more than 50% of older adults in need of mental health services are not getting the treatment they need.**<sup>18</sup>*

**There are several key factors to consider when addressing the mental health needs of older adults.**

1. Certain medical conditions and medications used to treat those conditions have a direct impact upon mental health status.
2. The increase in life span increases the potential level of need.
3. Certain mental health conditions are more prevalent than others. Of great concern is the rate of suicide and the prevalence of depression in this population.
4. Certain populations are at greater risk for certain mental health conditions.
5. Accurate assessment and diagnosis is paramount in assuring prompt identification and effective treatment.

**Issues of physical health care and mental health care are particularly entwined for this population and require coordination and collaboration in order to improve mental health and health outcomes for older adults and their caretakers.**



# V. Service Systems

**T**here are four (4) systems of care that should be considered when discussing meeting the mental health needs of older adults:

1. Physical Health System;
2. Mental Health Care System;
3. Aging Network; and
4. Caregivers.

## PHYSICAL HEALTH SYSTEMS OF CARE

Older persons have more contacts with medical providers on average than do younger adults.<sup>19</sup> Private practitioners most often provide physical health care. Primary care physicians are the main entry point for older adults in need of mental health care.

*Nationally:*

- In 1994-96, persons 65 and older had an average of 11.4 contacts per year with a physician or other personnel working under a physician's supervision.
- Fifty percent (50%) of physician contacts among persons 65 and older occurred in doctors' offices.<sup>20</sup>
- Persons age 65 and older are major consumers of inpatient care. Although they represented only 12% of the population in 1996, they accounted for 38% of the patient discharges from non-federal short-stay hospitals.<sup>21</sup>
- Eighty-five percent (85%) of older adults see a physician at least once a year.

## MENTAL HEALTH SYSTEMS OF CARE

Although there is a strong network of mental health providers across the state, the formal mental health system is not used regularly by older adults. Service designs and staffing patterns are often not tailored to meet the particular needs of this population. Stigma creates an access barrier to those professionals who are the experts in mental health care.

*Nationally:*

- Six percent (6%) of those served in CMHCs are elderly.<sup>22</sup>
- Elders account for only 7% of all inpatient psychiatric services, 6% of community mental health services, and 9% of private psychiatric care.<sup>23</sup>

## AGING NETWORK

The Tennessee Commission on Aging (COA), created in 1963, is the designated state agency for programs under the Older Americans Act, the agency eligible for the Administration on Aging's Alzheimer's Demonstration Project Grant, and the focal point in Tennessee State government for aging issues. Tennessee is divided into nine planning and service areas with an Area Agency on Aging responsible for planning and service coordination.

The Commission administers state funds for:

- Multi-purpose senior centers;
- Guardianship;
- Homemaker services; and
- Home delivered meals.

Aging network services and programs include:

- In-home services;
- Information and referral;
- Nutrition;
- Senior centers;
- Transportation;
- Friendly visiting;
- Telephone reassurance; and
- Home delivered meals.

A noteworthy strength of the aging network system of services includes statewide coverage with a presence in every county. A health and psychosocial assessment is required for many services and programs provided under the Older Americans Act. In addition, plans are for the aging network to administer the new state-funded home and community long-term care services program and the new statewide Medicaid home and community services waiver. An enhanced information, referral and assistance service based in the area agencies on aging offices will be a key feature of the new home and community services system. The information, referral and assistance service will be the primary entry point for long-term care services and will be responsible for preliminary screening, some assessments, case management, and referral to a variety of providers. The aging services network consequently is a potential source of preliminary screening and referral to mental health services and treatment. Aging network staff support the older person in the personal challenges of aging with varied social and volunteer opportunities and with activities enhancing mental wellness.

## CAREGIVERS

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An easily overlooked group of individuals who play a significant role in the lives of older persons are caregivers. Older persons often receive help from others to perform routine activities. Caregivers are key to the prevention of premature institutionalization and are often in need of support in order to maintain and maximize their ability to be effective supports for older adults.

*Nationally:*

- In 1995, 70% of caregivers were women.
- In 1995, 73% of caregivers were unpaid or informal helpers.
- In 1995, of informal caregivers, 91% were family members and 51% lived in the same household as the recipient of care. Spouses accounted for 25% of the caregivers, slightly more than 50% were children.

## Summary of Service Systems

*At this time, effective individual systems of care exist in each field (aging, mental health and physical health care), but they are often not well coordinated and do not routinely combine their expertise. These factors decrease the potential for comprehensive planning and service development and increase the likelihood of older adults falling through the cracks created by a fragmented system. Collaboration between systems would maximize the impact and effectiveness of existing resources and would improve upon the quality of care for older persons and their caregivers.*

*Caregivers, often older adults themselves, are significant players in the lives of older adults and must not be overlooked as a part of the system and a critical provider of care and support.*

**The mental health, aging, and primary care service systems are closely entwined and require coordination and collaboration in order to close the gaps in care that currently exist.**



# VI. Findings

1. The older adult population is increasing in numbers and will continue to grow at an ever-increasing rate.
2. An easily overlooked group of individuals who play a significant role in the lives of older persons are caregivers. The majority of caregivers are family members and are mainly women.
3. The elderly and their caregivers remain the most under-served and inappropriately served population in mental health services. The National Technical Assistance Center for State Mental Health Planning found that more than 50% of older adults in need of mental health services are not getting the treatment they need.
4. A range of mental health issues affects older adults and their caregivers.
  - Twenty percent (20%) of persons age 55 and older experience specific mental disorders that are not part of “normal” aging.
  - The most prevalent disorder is depression.
  - The rate of suicide is highest among older adults relative to all other age groups.
5. There are effective mental health interventions available for older adults and their caregivers. Accurate assessment and diagnosis is paramount in assuring prompt identification and effective treatment. “TREATMENT WORKS!”
6. There is a critical role for prevention and the need to assure activities to promote mental wellness.
7. The reimbursement system for mental health services for older adults and their caregivers presents many challenges in terms of access to, and payment for, mental health services.
8. Issues of physical health care and mental health care are particularly entwined for this population and require coordination and collaboration in order to improve mental health and health outcomes for older adults and their caretakers.
9. The mental health, aging and primary care service systems are also entwined and require coordination and collaboration in order to close the gaps in care that currently exist.
10. Older adults are not immune to the problems associated with the improper use of alcohol and drugs, including prescription drugs. Alcohol and substance misuse negatively impacts a person’s mental status.

# VII. Strengths and Opportunities

**T**he strengths and *opportunities* that exist within the state are important factors to consider when identifying needs and service gaps.

1. Three state entities (Department of Mental Health and Developmental Disabilities, Department of Health and the Commission on Aging) are in place and do address issues related to mental health, physical health, and substance abuse issues of older adults. Each entity provides funding for some type of service provision. The collaboration between the three agencies has increased over the past several years. *Each entity plays a leadership role and must continue to lead and foster the development of a quality comprehensive service “system” to address the needs of older adults and their caregivers in order to improve the mental wellness of this population.*  
*Other opportunities:*
  - At present, there is no clear TDMHDD policy or mental health planning directed specifically toward the mental health needs of older adults and their caregivers. In the absence of these and without an established priority, it will be very easy to fall behind service development for a population that will soon reach a significant percentage of the state’s population. *We are at an opportune point for the development of a policy statement and related planning activities to address this gap.*
  - The TennCare program offers an opportunity to integrate medical and mental health care for those persons covered by TennCare. *The co-morbid conditions faced by the majority of seniors is best addressed in a coordinated manner and can be accomplished through the TennCare system.*
2. The Older Adult Committee of the Tennessee Mental Health Planning Council is committed to making sure that the needs of this population are understood and that positive change occurs to improve the mental health status and wellness of older Tennesseans and their caregivers. With the continued support of TDMHDD and COA, *this committee has the opportunity to pull together key stakeholders and build a coalition that can begin to impact change.*
3. Nationally, the National Association of State Mental Health Program Directors (NASMHPD) provides a leadership role through their Older Adults Division that focuses on mental health needs of older adults and their caregivers. There are several service designs that have received national recognition for their success in designing and implementing exemplary mental health services for this population. *Tennessee has the opportunity to benefit from participation in the activities of NASMHPD and learn from the activities of other states.*
4. Although older adults tend to underutilize mental health services in the traditional community mental health system, there are providers who have demonstrated ability and commitment to the population. *There is certainly a need to expand the number of providers in the state who can effectively address the mental health needs of older adults and their caregivers.*
  - Although we have a provider base, there are age-specific needs and circumstances of older adults and their caregivers that require specialized or adapted services. *Greater attention must be given to approaches and competencies needed in order to make services accessible and quality driven (e.g., services delivered at sites where seniors go, specialized provider training).*
  - Older adults and their caregivers continue not to receive a proportional share of existing state (TDMHDD) mental health resources. Although older adults comprise 12% of the current population, less than 1% of the state (TDMHDD) dollars are directed specifically to services for this population. *TDMHDD and COA have the opportunity to direct a percentage of future state dollars to mental health services for older adults and their caregivers.*
  - The recent development of pilot projects through TDMHDD funding has begun the process of developing local projects to improve access to quality mental health services for older adults, as well as demonstrate the effectiveness of collaboration between mental health, aging and primary care experts. Each expert brings with it a unique level of expertise and is strengthened by the other. *There is great opportunity to learn from these projects and apply knowledge in order to maximize third party reimbursement for services and potentially attract federal grant dollars to continue the development of innovative mental health services for older adults and their caregivers.*
5. Most older adults’ access to mental health care is in primary care settings. Unfortunately, most primary care settings are not staffed with mental health professionals and are not well equipped to identify and treat mental disorders in older adults and their caregivers. Primary care is a vital link to successful identification, diagnosis, and treatment of

mental health disorders in older adults. *An opportunity exists to improve the quality of care of this population by providing mental health training to primary care professionals.*

6. Although a very small percentage of older adults reside in nursing homes, the existence of two services, PASARR and the state's Long-term Care Ombudsman Program, interface with nursing homes and provide a vital link to these settings. *These two services provide a stage for developing a strong understanding of the extent of mental health needs in the nursing home population.*
7. Tennessee is extremely fortunate to have the strong leadership of two mental health education and advocacy organizations that are consumer and family driven (National Alliance for the Mentally Ill-TN and the Tennessee Mental Health Consumers Association). Each organization has accomplished much to bring the needs of persons with mental illness to the forefront. *We have a great opportunity to request assistance from these organizations.*
8. Tennessee, like many other states, operates under continuing stigma associated with mental illness (particularly with this generation of older adults) and ageism among professionals and the public at large (i.e., they are too old to benefit from services). Educating seniors, their family members, and the community at large on mental health and where to seek help, is key to removing stigma. *We have an opportunity to implement public education and outreach in order to address and minimize stigma and can benefit from the leadership of the statewide network of entities already involved in mental health education.*



# VIII. Recommendations

In view of the information contained in this report, the Older Adult Committee urges the following recommendations be supported and adopted by the Statewide Mental Health Planning Council:

1. TDMHDD policy, including TennCare Partners Program, must be adopted and reflect the unique mental health needs of older Tennesseans and their caregivers. Policy is needed in order to establish a priority statement recognizing that older adults and their caregivers should have equal access to needed mental health services and supports. Once established, this policy must drive mental health planning and service development activities for this population.
2. The current service delivery system must be enhanced and designed to address the needs and characteristics of the population (institutional and non-institutional persons), and promote accurate and early identification of older adults with mental health needs. The service system must be directed toward identifying and implementing best practices for prevention, intervention and treatment. The overall goals should be to promote access to care along the service continuum and demonstrate evidence of the value and effectiveness of services.
3. The knowledge and skills of persons working in the mental health, aging and primary care systems (institutional and non-institutional based) must be enhanced through educational and training opportunities.
4. Assure equitable allocation of state mental health dollars that are designed to meet the needs of, and directed to, the older adult population.
5. Implement efforts to assure increased collaborations among health, aging and mental health professionals, consumer and advocacy groups, government organizations, and other related agencies.
6. Institute educational and outreach activities directed to mental wellness of older adults, awareness of treatment and its effectiveness, and general education directed to identifying mental health needs of older adults. Continue efforts to decrease stigma, specific to older adults.
7. In order to maintain the natural support system for older adults, develop initiatives that are designed to support and enhance the efforts of families and other informal caregivers.
8. TDMHDD to identify and secure potential new sources of funding to support existing services and develop and pilot new service technologies.
9. Continue to support the work of the Older Adult Committee and charge the committee with:
  - Development of action steps for each recommendation;
  - Collection of national and state data regarding population demographics, prevalence, and mental health utilization trends; and
  - Identification of existing state resources and potential grant opportunities.

# Footnotes

- 1 Gatz, Margaret-Editor (1997, April). ***Emerging Issues in Mental Health and Aging***, p. xv.
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- 14 U. S. Department of Health and Human Services (1999). ***Health and Aging Chartbook***, p. 20.
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- 19 U. S. Department of Health and Human Services (1999). ***Health and Aging Chartbook***, p. 64.
- 20 U. S. Department of Health and Human Services (1999). ***Health and Aging Chartbook***, p. 64.
- 21 U. S. Department of Health and Human Services (1999). ***Health and Aging Chartbook***, p. 3, 66.
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# Acknowledgements

## Committee Members:

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James Whaley, Co-Chair  
Mary Moran, Co-Chair  
Phyllis Casavant  
Ray Cleek  
Lee Cochran  
Sherry Cummings, Ph.D.

Linda Graham  
Katie Griffith  
Carolyn Jones  
Pat Kress  
Liz Ledbetter  
Mason Rowe

Irene Russell  
Grace Smith  
Joy Spivey  
Pam Sylakowski  
Marilyn Whalen

## Report Compiled By:

---

Mason Rowe, Tennessee Commission on Aging  
Pam Sylakowski, Tennessee Department of Mental Health and Developmental Disabilities

## Report Review Committee:

---

Sherry Cummings, Ph.D.  
Mary Moran  
James Whaley

**Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (SAMHSA-CMHS)**

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## Suggested Readings/Resources

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Mental Health: A Report of the Surgeon General (1999)  
Emerging Issues in Mental Health and Aging. Margaret Gatz, Editor (1997)  
Older Adult Panel Report: Mental Health Managed Care and Workforce Training Project (CMHS, 1998)  
[www.aoa.gov](http://www.aoa.gov)  
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[www.aagpgpa.org](http://www.aagpgpa.org)  
<http://ajgp.psychiatryonline.org>  
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<http://www.mentalhealth.org/links/aging.htm>



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